

## CITY OF SURPRISE, AZ

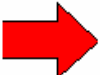
# POSITION DESCRIPTION QUESTIONNAIRE

## INDIVIDUAL/GROUP

### INSTRUCTIONS AND GUIDELINES FOR COMPLETING YOUR POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

PDQs are used to write job descriptions, it is extremely important for you to fill out the questionnaires completely and accurately. Please either type your questionnaire or write legibly.

In order to make this process easier for you, we recommend you first read through the entire questionnaire so that you understand the information we are asking for in each section. Next, complete as much of the questionnaire as you can and then put it down for a day. On the next day, complete the rest of the questionnaire. Finally, just before you turn it in, read it again to make sure you have not forgotten anything.

1. The information you provide on the following Position Description Questionnaire (PDQ) will be used to develop the new job description for the City of Surprise and to determine the correct classification for your job. It is very important that you provide accurate, detailed information about your current job duties.
2. You may complete your PDQ as an individual, or you may join with other employees who perform the same type of work that you do to complete the PDQ as a group.
3. The information that you provide on the questionnaire will be very important in determining the appropriate job classification for your position in the system. Accuracy is very important. Providing overstated questionnaires may have a negative effect and will not result in a higher classification. The questionnaire must be reviewed and signed by your immediate supervisor and your Department Head. Human Resources will then review the questionnaire information to ensure fairness and accuracy. Objectivity is the main consideration when the PDQs are reviewed.
4. Please spend a majority of your time on the sections indicated by arrows, as these are the most important sections in determining job classifications in the new system. 
5. **Please review your answers for accuracy and completeness.** We suggest that you keep a copy of the final document for your records.
6. **One copy and the original of the PDQ must be submitted to the Human Resources Division Manager, April Reynolds, in the Human Resources Department.**

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### POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

Please read entire questionnaire before completing form.

#### I. BACKGROUND

In this section you will provide information regarding your name, current job title, your immediate supervisor, length of employment and the hours worked. This will help us to make sure we refer to the correct job throughout the study.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Division: \_\_\_\_\_

Immediate Supervisor:      Name: \_\_\_\_\_  
   Title: \_\_\_\_\_  
   Telephone: \_\_\_\_\_

Total Time Employed in Current Position:      Years: \_\_\_\_\_ Months: \_\_\_\_\_

Work Schedule:      Start \_\_\_\_\_ am/pm      Finish \_\_\_\_\_ am/pm

#### II. POSITION SUMMARY

This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. *Usually it is better to write this after you have completed the remainder of the questionnaire.* Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position.

***Example:***      ***Computer Support Technician***

***Summary:***      ***To operate, maintain and repair computer equipment and to provide technical assistance to users.***

ENTER HERE:

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III.

**ORGANIZATIONAL RELATIONSHIPS – THIS IS VERY IMPORTANT**

The organizational chart asks for specifics regarding those positions working in your department. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. ***Your Supervisor*** is your immediate supervisor and is the person that holds you responsible for accomplishing your duties. ***Your Subordinates*** are those individuals which you have supervisory authority over, meaning you not only assign work but evaluate their work as well. ***Your Coworkers*** are other people in your department that report to your Supervisor or Manager.

Complete the organization chart below. Please fill in the applicable position titles: (1) your immediate supervisor (the person who signs your performance evaluation); (2) your coworkers, employees you work with and who also report directly to your supervisor; and, (3) your subordinates, any employees you supervise\*.

**YOUR SUPERVISOR'S JOB TITLE**

**YOUR JOB TITLE**

**YOUR COWORKERS' JOB TITLES**

**YOUR SUBORDINATES' JOB  
TITLES\***

\* List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation).

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### IV. SUPERVISION GIVEN – **THIS IS VERY IMPORTANT**

This section asks for information regarding your supervisory responsibilities. This information will help us to fully understand the level of authority that you have. For example, do you have lead authority and assign and monitor work, or do you have full supervisory authority and sign performance evaluations. Please check all that apply and list the number of employees you have supervision over. These questions, other than the first one, should apply to those titles which are listed as ***Your Subordinates*** on the organizational chart, or any others that may report to those positions listed under ***Your Subordinates***.

Check the following phrase or phrases that apply to your job and indicate the number of employees:

	No. of Employees
_____ I do not officially supervise other employees (sign performance reviews).	
_____ I evaluate and sign performance reviews of other regular employees.	_____
_____ I evaluate and sign performance reviews of part-time, temporary or contract employees.	_____
_____ I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	_____
_____ I make work assignments for others.	_____
_____ I make hiring and hiring pay recommendations.	_____
_____ I make hiring and hiring pay decisions.	_____
_____ I recommend termination for poor performance.	_____
_____ I provide advice to peers that they must consider carefully before making a decision. Example:	
_____ I provide information to supervisors/management that they use in making a decision. Example:	

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### V. **DUTIES – THIS IS VERY IMPORTANT**

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. Essential duties are those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state “prepares reports”, but state “prepares reports such as status reports, staff reports”, or whatever other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. In the Decision Required section, list the decisions you make in order to carry out those duties. Please be sure to place frequencies and percentages in the last two columns so that it is clear as to where you spend the majority of your time. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of all duties should equal 100% over a one year period of time.

**Essential Duties:** Describe five to ten essential duties that make up your job. Try to describe your job so it can be understood by someone not familiar with your work. Begin each duty statement with an action verb (“calculates”, “operates”, “establishes”) that tells what is done or why and how it is done. Examples are shown below. Use additional sheets if needed.

**Decisions Required:** For each duty you have listed, state the decision(s) you must make in order to carry out the duties required. Refer to the examples given.

**Frequency:** Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, O = occasionally.

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day.

Essential Duties	Decisions Required	Frequency DWMQAO	% of Time
<b>EXAMPLES:</b>			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

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<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency DWMQAO</b>	<b>% of Time</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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### VI. REQUIRED KNOWLEDGE AND SKILL

This section helps us to understand the minimum levels and types of knowledge and skill you would need in order to perform your job at the *entry level*. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years:

**Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

**Skills:** refer to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

Please list the essential duty number from Section V, Duties, that requires the specific knowledge.

Knowledge/Skills	Duty #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

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## VII. EDUCATION AND EXPERIENCE – **THIS IS VERY IMPORTANT**

This section helps us to determine the minimum level of education and experience required to perform the job at the entry level. Please list those educational and experience requirements that you have and those educational and experience requirements that you believe someone would need to have at *entry level into the job*. This should be the minimum level an individual should be required to have for Human Resources to consider an application for the position. Please note in d), any licenses or certifications required for your position upon *entry into the job*.

- a) What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at *entry level*? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

- b) What kinds of experience do you have and what minimum kinds of experience are needed to enter your job at *entry level*?

Type of Experience		Minimum Time Required
You Have	You Need	
<input type="text"/>	<input type="text"/>	<input type="text"/> years
<input type="text"/>	<input type="text"/>	<input type="text"/> years
<input type="text"/>	<input type="text"/>	<input type="text"/> years

- c) What field (s) should training or degree be in?  
ENTER HERE:

- d) Are any state, federal, or professional licenses or certificates required to enter your job?  
If so please list:  
ENTER HERE:



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### VIII. PROBLEM SOLVING

The problem solving section is used to help in understanding the types of problems which your position typically is required to resolve.

Briefly describe two typical problems or difficult/sensitive situations you have been called upon to deal with in performing your work and how you dealt/solved the situation.

a.

b.

### IX. NATURE OF ASSIGNMENTS

This section is used to help in understanding the types and levels of decisions you are required to make in your position.

1. If I see the need, I can change the following **without my supervisor's approval**:

a. \_\_\_\_\_ The objectives I am trying to achieve (refer to Page 2 – Position Summary for position's objective).  
EXAMPLE:

b. \_\_\_\_\_ The means for achieving the objectives of my job (i.e., my work methods or procedures of my duties).  
EXAMPLE:

c. \_\_\_\_\_ The way assigned work methods are carried out (i.e. the order of or frequency of my duties).  
EXAMPLE:

2. Give an example of how you have modified or developed new work methods to deal with new or unusual circumstances on your job.

EXAMPLE:

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## X. CONTACTS

The Contact list is a brief listing of those individuals (other than those listed on the organizational chart) you come into direct contact with. This contact list will help us to understand the level of your contacts in other organizations and your level of decision making authority. The list does not have to be all inclusive and should include contacts within your organization and with others outside the organization. Also, please tell us the reason for contacting each individual (nature of contact).

*Other than the person(s) to whom you report and who report to you, who are the principal individuals/groups (both internal and external) with whom you have direct interpersonal contact? Your answers do not need to be all-inclusive. Just give brief, typical examples:*

[illegible]

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### **XI. EQUIPMENT**

Please list any equipment which you would regularly use in your position (examples: computer and software forklift, etc.). This listing will help us to understand the types of equipment you are expected to operate in order to perform your job.

List the duty number from Section V. – Duties (page 5-7) and the equipment you use to perform that duty.

Example: Duty 1 – Computer, camera, etc.

ENTER HERE:

### **XII. ADDITIONAL COMMENTS**

In this section please note any additional comments you may have and/or attach additional sheets. Also, please sign and date the questionnaire on this page and on page 12 to note your agreement with the contents of the questionnaire. You may wait to sign page 12 until after you have read any comments made by your supervisor.

Are there any additional comments you would like to make to be sure you have described your job adequately (Use additional sheets if necessary)

ENTER HERE:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROCEED TO SECTION XIV. TO COMPLETE THE QUESTIONNAIRE.**

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### **XIII. SUPERVISOR REVIEW AND COMMENTS**

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. The Supervisor does not need to read the entire PDQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. Please note the form should have all three signatures to ensure all have read the attached questionnaire.

<u>Question No.</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### **Please check the appropriate statement:**

_____	I agree with the incumbent's position questionnaire as written.
_____	The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.
_____	The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have noted the modifications made by my supervisor in the comments Section above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NAME:**

**JOB TITLE:**

### **XIV. PHYSICAL ACTIVITIES/REQUIREMENTS**

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring LES remains in compliance with the Americans with Disabilities Act.

This section is designed to address the specific requirements of the Americans with Disabilities Act. THE CITY OF SURPRISE is required to document any physical requirements in order to legally defend restrictions that are imposed. Please indicate the frequency and importance of the physical activities/requirements of your job. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government.

#### **Frequency**

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

#### a) **Physical Requirements**

#### **Importance**

How important is the activity in Accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

- |    | <b><u>Frequency</u></b> | <b><u>Importance</u></b> | <b><u>Physical Activity</u></b>   |
|----|-------------------------|--------------------------|---|
| 1. |                         |                          | <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.            |
| 2. |                         |                          | <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |

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### XIV. PHYSICAL ACTIVITIES/REQUIREMENTS (continued)

#### a) Physical Requirements

<u>Frequency</u>	<u>Importance</u>	<u>Physical Activity</u>
3.		<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
4.		<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.
5.		<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.
6.		<b>Crawling:</b> Moving about on hands and knees or hands and feet.
7.		<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.
8.		<b>Standing:</b> Particularly for sustained periods of time.
9.		<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.
10.		<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
11.		<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
12.		<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.
13.		<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.

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### XIV. PHYSICAL ACTIVITIES/REQUIREMENTS (continued)

#### a) Physical Requirements

	<u>Frequency</u>	<u>Importance</u>	<u>Physical Activity</u>
14.			<b>Grasping:</b> Applying pressure to an object with the fingers or palm.
15.			<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.
16.			<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
17.			<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.
18.			<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).
19.			<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.

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## XIV. PHYSICAL ACTIVITIES/REQUIREMENTS (continued)

### Frequency

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

### Importance

How important is the activity in accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

### a) Physical Requirements

<u>Frequency</u>	<u>Importance</u>	<u>Physical Requirements</u>
1.		<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
2.		<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.
3.		<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
4.		<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
5.		<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.



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### XV. WORKING CONDITIONS

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. Please note, there is a choice for Does Not Apply, if most of your work is in an office setting.

\_\_\_\_\_ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	_____	_____	_____
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	_____	_____	_____
Hazardous materials (chemicals, blood and other body fluids, etc.)	_____	_____	_____
Extreme temperatures	_____	_____	_____
Inadequate lighting	_____	_____	_____
Work space restricts movement	_____	_____	_____
Intense noise	_____	_____	_____
Travel	_____	_____	_____
Environmental (disruptive people, imminent danger, threatening environment)	_____	_____	_____

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.**